

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 06/01/2011	
NAME OF PROVIDER OR SUPPLIER CHANDLER HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2879 S LIMA ROAD KENDALLVILLE, IN46755		
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R0000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: May 31-June 1, 2011</p> <p>Facility number: 004440 Provider number: 004440 AIM number: N/A</p> <p>Survey team: Carol Miller, RN, TC Honey Kuhn, RN</p> <p>Census bed type: Residential: 24 Total: 24</p> <p>Census payor type: Other: 24 Total: 24</p> <p>Sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 3, 2011 by Bev Faulkner, RN</p>	R0000	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0091	<p>(h) The facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following:</p> <p>(1) The range of services offered.</p> <p>(2) Residents' rights.</p> <p>(3) Personnel administration.</p> <p>(4) Facility operations.</p> <p>The policies shall be made available to residents upon request.</p> <p>Based on record review and interview, the facility failed to ensure policies and procedures regarding abuse prohibition included the need to first report the allegations of abuse to the facility administrator. This had the potential to affect 24 of 24 residents residing in the facility.</p> <p>Finding includes:</p> <p>The policy, "ABUSE/NEGLECT/EXPLOITATION/SUSPECTED", provided on 06/01/11 at 8:30 a.m., by the Resident Director, was reviewed at 9:00 a.m. The policy indicated:</p> <p>"1. Any complaints of abuse, neglect or exploitation should be viewed as very serious and must be reported to your Regional Director of Operations immediately...."</p> <p>"4. If abuse, neglect or exploitation of a</p>		R0091	<p>R 091 ----- Corporate policy has been revised to show the intent of the regulations in that the Residence Director shall be notified in the event of abuse, neglect or exploitation of a resident.</p> <p>The facility will re-educate staff according to the revised policy that the Residence Director shall be the initial individual contacted in the event of abuse, neglect or exploitation of a resident.</p> <p>The Residence Director will monitor any incident and/or accusation of abuse, neglect or exploitation of a resident. A member of the Regional Team will also monitor any incident and/or accusation of abuse, neglect or exploitation of a resident.</p> <p>Staff will be re-educated by July 17th regarding this revised policy.</p>		07/17/2011	

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	<p>resident is suspected, act immediately to protect the resident from additional harm....Call your Regional Director of operations for assistance as soon as possible."</p> <p>"5....In many cases, such investigations will be conducted under the direction of ALC's (Assisted Living Concepts, INC.) Managed Risk Department or other local counsel....Consult with your Regional Director of Operations about such procedures prior to initiating your own formal investigation...."</p> <p>"8. Upon instruction from your Regional Director of Operations, contact the appropriate State agency as soon as possible during the required reporting timeframe....Consult with your Regional Director of Operations to determine what information to provide in case a written report is required by state regulations...."</p> <p>"13. Any staff member may notify the appropriate state agency of suspected/alleged abuse, neglect or exploitation without fear of retribution.</p> <p>If the residence Director or his/her designee does not report the incident to the State, a staff member should. However, the employee should first verify</p>						

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R0116	<p>with the Residence Director that the incident has not already been reported before contacting a state agency."</p> <p>The policy did not direct employees to first notify the Resident Director prior to notifying the Regional Director of Operations.</p> <p>The Resident Director, DOH (Date of Hire) 04/25/11, was interviewed on 06/01/11 at 10:00 a.m. The Resident Director indicated she would expect staff to notify her or the Wellness Director (facility nurse) prior to the Regional Director.</p> <p>(a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3.</p> <p>Based on record reviews and interview, the facility failed to ensure a criminal history check was completed prior to employment for 2 of 5 employees (Employee #6 and Employee #17) and 2 reference checks were completed for 3 of 5 employees (Employee #5, Employee #6,</p>	R0116	<p>R 116</p> <p>The facility will complete a background check and two reference checks for new employees.</p> <p>The Residence Director will review employee files to verify</p>	07/17/2011	

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	<p>and Employee #17) of 5 personnel files reviewed.</p> <p>Finding includes:</p> <p>The personnel file for Employee #5:CNA, DOH (Date of Hire) 03/08/11, was reviewed on 06/01/11 at 8:15 a.m. There was documentation of 1 reference check in the file.</p> <p>The employee file for Employee #6: Cook, DOH 03/16/11, was reviewed on 06/01/11 at 8:45 a.m. The file did not contain a criminal history check. There was no documentation to indicate reference checks had been made.</p> <p>The employee file for Employee #17: CNA, DOH 05/2011, was reviewed on 06/01/11 at 9:40 a.m. The file did not contain a criminal history check. There was no documentation to indicate reference checks had been made.</p> <p>The Resident Director, DOH 04/25/11, was interviewed on 06/01/11 at 9:50 a.m. The Resident Director indicated she had been told prior to completing her orientation on 05/27/11, all personnel files had been reviewed and were in order and was unaware any files were incomplete. The Resident Director indicated a completed criminal history check and a</p>				<p>that background checks and two reference checks have been completed. A member of the Regional Team will monitor the employee files to verify that background checks and two reference checks have been completed.</p> <p>Current employee files will be reviewed and brought in compliance with the policy by July 17th.</p>		

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R0241	<p>minimum of two reference checks prior to working with residents were required.</p> <p>Review of a policy, dated 06/2008, titled, "THE HIRING PROCESS", and received from the Resident Director on 06/01/11 at 10:00 a.m., indicated:</p> <p>"Once the verbal offer of employment has been made and accepted, an offer letter should be prepared and sent....The letter should also indicated that the offer is contingent (SIC) upon a favorable criminal background and reference check."</p> <p>(e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident 's physician and shall be supervised by a licensed nurse on the premises or on call as follows:</p> <p>(1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on record review and interview, the facility failed to administer and monitor PRN medications for stroke prevention/high blood pressure as ordered by the physician and in accordance to the facility's policy for 1 of 7 residents reviewed for PRN medications in a sample of 7. (Resident #20)</p> <p>The finding includes:</p> <p>The record of Resident #20 was reviewed on 05/31/11 at 10:45 a.m. Resident #20</p>	R0241	<p>R 241</p> <p>Resident #20 has a new order in place for Coreg and Lisinopril with specific parameters when to administer and instructions for repeating the blood pressure and notification of the physician. There were no other residents affected. Staff were re-educated as to proper procedure.</p> <p>The attending physician of a resident who does not receive</p>	07/17/2011	

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	<p>was admitted to the facility on 10/17/09 with diagnoses including, but not limited to, acid reflux, hypothyroidism, and history of CVA (Cerebrovascular Accident- stroke).</p> <p>Review of the resident's 05/2011 Physician Orders for 05/2011 indicated:</p> <p>"07/30/10 Blood pressure every morning & at bedtime: 8:00 a.m.- 8:00 p.m."</p> <p>"01/30/10 Coreg 3.125 mg (milligram) tablet. Give 1 tablet 2 times a day as needed if SBP (Systolic Blood Pressure) > (greater than) 110. 8 a.m. - 8 p.m."</p> <p>"01/30/10 Lisinopril 2.5 mg tablet. Give 1 tablet orally once a day as needed if SBP > 110. 8:00 p.m."</p> <p>Review of the resident's 05/2011 MAR (Medication Administration Record) for PRN medications (give as needed) indicated:</p> <p>"07/30/10 Blood pressure every morning & at bedtime: 8:00 a.m.- 8:00 p.m."</p> <p>"01/30/10 Coreg 3.125 mg (milligram) tablet. Give 1 tablet 2 times a day as needed if SBP (Systolic Blood Pressure) > (greater than) 110. 8 a.m. - 8 p.m."</p>		<p>a medication as ordered will be notified for further orders. Medications that require parameters in order to hold administration will be verified with a physician order and documented on the Medication Administration Record.</p> <p>When a medication is held, the entry on the Medication Administration Record will be circled with an explanation noted on the back along with the signature of the QMA and/or Licensed Nurse.</p> <p>QMA's and licensed nurses will be re-educated regarding the use of parameters to determine when a medication should not be administered. Re-education will also include the notification and documentation required.</p> <p>The Wellness Director or designee will complete a Medication Administration Record audit at least monthly. Medications that should have physician ordered parameters for administration will be identified. The attending physician who ordered the medication will be contacted for clarification.</p> <p>The Residence Director will monitor the system monthly as</p>		

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	<p>"01/30/10 Lisinopril 2.5 mg tablet. Give 1 tablet orally once a day as needed if SBP > 110. 8:00 a.m."</p> <p>Documentation on the 05/2011 MAR indicated the resident's B/P was checked twice daily. The SBP was >110 SBP, requiring the ordered PRN medications all but 4 doses in the a.m. and 3 doses in the p.m.</p> <p>Resident #20 received Coreg 3.125 mg in the a.m. on 13 days.</p> <p>Resident #20 received Coreg 3.125 mg in the p.m. on 27 evenings.</p> <p>Resident #20 received Lisinopril 2.5 mg in the a.m. on 11 days.</p> <p>The MAR indicated the resident received the Lisinopril 2.5 mg, 11 times throughout 05/2011 at 8:00 a.m. instead of the ordered administration time of 8:00 p.m.</p> <p>The MAR did not indicate any parameters to record, other than the B/P (blood pressure) medication prior to giving the medication. The back side of the MAR indicated an area: "Nurses's Medication Notes" had only 1 entry related to the medications for SBP >110:</p> <p>"05/31/11 8a Coreg not given d/t (due/to) BP 120/68, no HA (headache) noted."</p> <p>This blood pressure was above the parameter of 110 systolic.</p>		<p>part of the QA process until consistent compliance is achieved.</p> <p>The Regional Team will monitor during routine house visits at least monthly.</p> <p>Completion Date by July 17th, 2011.</p>		

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	<p>The WD (Wellness Director: facility RN) was interviewed on 05/31/11 at 11:30 a.m. The WD indicated the medication was ordered PRN to prevent elevated B/P. The WD indicated the medication was administered at her discretion and if the resident seemed weak, had a headache, or was pale, the medication was held. The WD was queried in regards to notifying the physician and if the resident was reassessed following the PRN medication administration. The WD indicated the resident was not reassessed nor did the resident have any parameters to indicate physician notification.</p> <p>Review of the facility policy, provided by the WD at the time of interview, dated 06/2008 and titled, PRN MEDICATIONS, indicated:</p> <p>"1. Specific parameters should be given for all PRN medications (those taken on an as needed basis). If the physician has not provided specific parameters, the Wellness Director should add parameters to the order on the medication record, based on his/her understanding of the resident's need for the medication and/or after consulting with the physician."</p> <p>"2. For all PRN medications, follow the instructions or parameters given for the medication on the medication record...."</p>				

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R0349	<p>"9. One to two hours after giving a PRN medication, write on the back of the medication record the time and the results of the medication. The result documented should be related to the reason given...."</p> <p>(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:</p> <ol style="list-style-type: none"> (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized. <p>Based on record review and interview, the facility failed to accurately document in a legible manner the administration of PRN (give as needed) medications for 1 of 7 residents reviewed for medication administration in a sample of 7. (Resident #20)</p> <p>Finding includes:</p> <p>The record of Resident #20 was reviewed on 05/31/11 at 10:45 a.m. Resident #20 was admitted to the facility on 10/17/09 with diagnoses including, but not limited to, acid reflux, hypothyroidism, and history of CVA (Cerebrovascular Accident- stroke).</p>	R0349	<p>R 349</p> <p>Resident #20 has new orders with clarification of parameters for holding administration of the Coreg and Lisinopril. No other residents were affected.</p> <p>PRN medications will be documented in a legible fashion with clear parameters</p> <p>for</p> <p>administration on the Medication Administration Record as verified by the physician order. When a medication is given, the entry on the Medication</p>	07/17/2011	

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	<p>Review of the resident's 05/2011 Physician Orders for 05/2011 indicated:</p> <p>"07/30/10 Blood pressure every morning & at bedtime: 8:00 a.m. - 8:00 p.m."</p> <p>"01/30/10 Coreg 3.125 mg (milligram) tablet. Give 1 tablet 2 times a day as needed if SBP (Systolic Blood Pressure) > (greater than) 110. 8 a.m. - 8 p.m."</p> <p>"01/30/10 Lisinopril 2.5 mg tablet. Give 1 tablet orally once a day as needed if SBP > 110. 8:00 p.m."</p> <p>Review of the resident's 05/2011 MAR (Medication Administration Record) for PRN medications (give as needed) indicated:</p> <p>Review of the resident's 05/2011 Physician Orders for 05/2011 indicated:</p> <p>"01/30/10 Coreg 3.125 mg (milligram) tablet. Give 1 tablet 2 times a day as needed if SBP (Systolic Blood Pressure) > (greater than) 110. 8 a.m. - 8 p.m."</p> <p>"01/30/10 Lisinopril 2.5 mg tablet. Give 1 tablet orally once a day as needed if SBP > 110. 8:00 p.m."</p> <p>Review of the resident's 05/2011 MAR</p>		<p>Administration Record will include the time and reason. The effectiveness of the medication will be noted one hour post administration.</p> <p>QMA's and licensed nurses will be re-educated regarding use of PRN medications. Re-education will also include the notification and documentation required.</p> <p>The Wellness Director and/or the Residence Director will audit the Medication Administration Record 5 x weekly for one month for compliance and monthly thereafter until consistent compliance is achieved.</p> <p>The Regional Director of Quality and Care Management will monitor compliance during routine house visits at least monthly as an ongoing process.</p> <p>Completion Date by July 17th, 2011.</p>		

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	<p>(Medication Administration Record) for PRN medications (give as needed) indicated a standard MAR with an area for each day of the month, day 1 through 31, listed at the top and bottom of the page. Each medication is listed to the left of the page. The MAR indicated several PRN medications, including but not limited to:</p> <p>"01/30/10 Coreg 3.125 mg (milligram) tablet. Give 1 tablet 2 times a day as needed if SBP (Systolic Blood Pressure) > (greater than) 110. 8 a.m. - 8 p.m."</p> <p>"01/30/10 Lisinopril 2.5 mg tablet. Give 1 tablet orally once a day as needed if SBP > 110. 8:00 a.m."</p> <p>Documentation on the 05/2011 MAR indicated the resident's B/P was checked twice daily. The SBP was >110 SBP, requiring the ordered PRN medications all but 4 doses in the a.m. and 3 doses in the p.m.</p> <p>Resident #20 received Coreg 3.125 mg in the a.m. on 13 days.</p> <p>Resident #20 received Coreg 3.125 mg in the p.m. on 27 evenings.</p> <p>Resident #20 received Lisinopril 2.5 mg in the a.m. on 11 days.</p> <p>The MAR indicated the resident received the Lisinopril 2.5 mg, 11 times throughout</p>						

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	<p>05/2011 at 8:00 a.m., instead of the ordered administration time of 8:00 p.m. The administration dates and times were not recorded under the corresponding dates pre-printed on the form. The entries were cramped and difficult to read.</p> <p>The documentation on the MAR for the Coreg 3.125 mg indicated all doses, both a.m. and p.m. were recorded under the one medication order entry. The MAR did not separate the a.m. from the p.m. doses resulting in staff members dating each entry for administration of doses and not in alignment with the pre-printed dates. The documentation was cramped and illegible to accurately discern dosage administration.</p> <p>The MAR did not indicate any parameters to record, other than the B/P (blood pressure) medication prior to giving the medication. The back side of the MAR indicated an area: "Nurses's Medication Notes" had only 1 entry related to the medications for SBP >110: "05/31/11 8a Coreg not given d/t (due/to) BP 120/68, no HA (headache) noted."</p> <p>The WD (Wellness Director: facility RN) was interviewed on 05/31/11 at 11:45 a.m. The WD indicated the medication was ordered PRN to prevent elevated B/P (blood pressure) due the resident's history</p>						

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 06/01/2011	
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	<p>of previous CVA. The WD indicated the medication was administered at her discretion and if the resident seemed weak, had a headache, or was pale the medication was held. The WD was queried in regards to notifying the physician and if the resident was reassessed following the PRN medication administration. The WD indicated the resident was not reassessed nor did the resident have any parameters to indicate physician notification.</p> <p>Review of the facility policy, provided by the WD at the time of interview, dated 06/2008 and titled, PRN MEDICATIONS, indicated:</p> <p>"1. Specific parameters should be given for all PRN medications (those taken on an as needed basis). If the physician has not provided specific parameters, the Wellness Director should add parameters to the order on the medication record, based on his/her understanding of the resident's need for the medication and/or after consulting with the physician."</p> <p>"2. For all PRN medications, follow the instructions or parameters given for the medication on the medication record...."</p> <p>"9. One to two hours after giving a PRN medication, write on the back of the</p>						

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	medication record the time and the results of the medication. The result documented should be related to the reason given...."						